


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000015076 1. Entity Name AMERICAN AIRPARTS, INC.	
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FILED

07 OCT 23 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

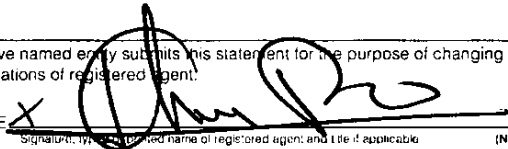
Principal Place of Business 4797 NW 72 AVE MIAMI, FL 33166	Mailing Address 11343 NW 65 ST MIAMI, FL 33166
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2. Principal Place of Business - No P.O. Box # 1845 NW 112 AVE Suite, Apt. #, etc. SUITE # 197 City & State MIAMI, FL 33172 Zip 33172 Country USA	3. Mailing Address 1845 NW 112 AVE Suite, Apt. #, etc. SUITE # 197 City & State MIAMI, FL Zip 33172 Country USA
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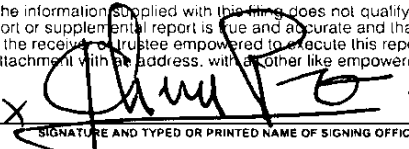
10122007, REIN-P, CR2E098 (1/07) 4. FEI Number 65-1073201	07 REINSTATEMENT Applied For Not Applicable
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6. Name and Address of Current Registered Agent PINTO, JOHN 11343 NW 65 ST MIAMI, FL 33178	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE 10/22/07
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FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINTO, JOHN 11343 NW 65 STREET MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900111239339 10/23/07--01057--020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINTO, CLAUDIA 11343 NW 65 ST MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 10/22/07 Daytime Phone #: 305-597-7175

Q. Michael OCT 23 2007